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ABSTRACT

This outline profiles two programs that use dance/movement therapy to help students with low self-esteem, poor body image, poor self-control, lack of trust in others, difficulty identifying and expressing feelings, and poor interpersonal relating skills. Students referred for dance/movement therapy services are assessed for appropriateness, and are eventually scheduled for weekly sessions. Students are seen either individually, in pairs, or in small groups. This therapy involves a holistic approach of psychotherapy which encourages self-expression through movement. It is primarily a non-verbal therapeutic modality which promotes emotional and physical integration. Included in the outline of this program is an overview; a purpose statement; the implementation period of the program; program characteristics; the targeted population; the services provided; the staff; funding concerns; problems; and evaluation data. The programs were designed to increase social competence and to allow children and adolescents the opportunity to express creatively their inner concerns, anxieties, and emotional conflicts in a safe non-threatening manner. (RJM)

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PROGRAM OVERVIEW:

The Catonsville Educational Center is the educational component of the Maryland state residential facility entitled the Regional Institute for Children and Adolescents. Within this educational setting, one full-time and one-part time dance/movement therapist is employed to address the needs of those students with low self-esteem, poor body image, poor self-control, lack of trust in others, difficulty identifying and expressing feelings, and poor interpersonal relating skills.

Students are referred for dance/movement therapy services, assessed for appropriateness, and eventually scheduled for weekly sessions. These sessions usually occur along the same time frame as one academic period. Students are seen either individually, or in small group settings. Issues are identified, goals are determined and progress notes are written following each session. The dance/movement therapists attend both clinical and educational meetings to discuss assessments, treatment goals and progress. Often families (and/or other agencies involved) are present. At the time of termination from services and/or discharge, a written summary of dance/movement therapy treatment is provided. In addition, the dance/movement therapists are often involved in presenting workshops for staff.

PROGRAM PURPOSE:

Dance/movement therapy is a unique, holistic approach of psychotherapy which encourages self-expression through movement. It is a primarily non-verbal therapeutic modality which promotes emotional and physical

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integration. The body in motion provides the means of assessment as well as the mode of intervention. Within the dance/movement therapy context, children and adolescents are given the opportunity to creatively express their inner concerns, anxieties, and emotional conflicts in a safe, non-threatening manner.

The dance/movement therapy process begins with the establishment of a safe environment. Within this context, a therapeutic relationship can be built. This relationship is based on acceptance, respect, empathy and trust. The dance/movement therapist demonstrates a respect for the child's level of functioning by engaging in activities with the child at his/her level. The therapist provides a climate in which the child feels free to risk new behaviors and modify old patterns. Accepting the child by accepting his/her movements is an important step in developing a therapeutic relationship and in promoting self-esteem. Mutual participation strengthens this budding relationship. The dance/movement therapist is then able to provide a creative, playful atmosphere where areas of conflict can be both identified and enacted.

Children and adolescents who have been brought up in unsafe environments build defenses to protect themselves. Often they have experienced fear and anxiety as a physiological response to their environment. Therefore, the defenses they have built are also physiological. These youngsters tend to be disconnected from their bodies, as well as from the world around them. They may not have experienced their bodies as safe as a result of subjection to violence, victimization, and/or abuse. Not only are they scared to feel, but they are equally afraid to open up to others.

In the dance/movement therapy context, children and adolescents are encouraged to explore their bodies in new ways. With the use of music,

props, and a safe atmosphere they are given opportunities to let down their defenses and express themselves. Through the movement experiences, and verbal connections, children are able to both identify and resolve conflicts. They eventually become more aware of themselves and their relationship to others.

By incorporating dance/movement therapy services into the educational setting, students are given an opportunity to safely express inner conflicts. The information gained by staff through this therapeutic modality is helpful in determining specific issues that interfere with academic and social progress.

IMPLEMENTATION PERIOD:

This particular program has been in place for three years. Based on the positive effect dance/movement therapy services appeared to have on other special needs school systems as well as state run psychiatric facilities, RICA hired a full time dance/movement therapist in September 1991. Since then another part-time position has been filled by a dance/movement therapist to meet ongoing demands of the population for a non-threatening, non-judgemental therapeutic modality. Within a month, the initial program was in place. This initial model has only adjusted slightly since its beginning.

CHARACTERISTICS:

The Regional Institute for Children and Adolescents is a 45 bed, state run facility for emotionally disturbed children and adolescents. Catonsville Educational Center academically services both the residential students and outpatient community students. Educational staff are employed by the county, city, and state.

TARGET POPULATION:

All of the students are diagnosed with an emotional disturbance and many are learning disabled. Approximately 45 residential students and approximately 30 community students attend Catonsville Educational Center. About half of these students receive dance/movement therapy services. As mentioned previously, the students with issues of low self-esteem, impulsivity, aggressiveness, poor interpersonal relating skills, and poor expressive skills are the most likely candidates. Space is limited due to the limited dance/movement therapists employed (one FT and one PT).

SERVICES PROVIDED:

The dance/movement therapists provide weekly therapy sessions, weekly progress notes, inservices, case presentations, treatment plans, and discharge treatment summaries. As described earlier, within the dance/movement therapy sessions students address personal conflicts, maladaptive behaviors, relationship problems, and identity issues. In addition to dance/movement therapy services, other services provided are therapeutic recreation, art therapy, verbal psychotherapy, and speech therapy (if necessary).

STAFF:

One full time and one part time dance/movement therapist [is] employed through RICA. The dance/movement therapy program is run by these staff and supervised by the rehabilitation services department head. Clinical supervision of the expressive therapists is provided by the medical director.

FUNDING:

Funding for these services is provided through the state of Maryland. Dance/movement therapists' salaries are comparable to that of a licensed social worker.

PROBLEMS:

The most apparent problem with the dance/movement therapy program at RICA/CEC is that many of the students do not receive services due to lack of staff. This population requires individual and small group services. Therefore, additional staff is necessary to meet the needs of the clients. Ideally, every student would receive these services to not only address present conflicts, but prevent future problems.

REPORTS:

The feedback from clinicians, educational staff, treatment teams and parents has been positive. As a result of dance/movement therapy services, residents have been able to achieve both short and long term goals. Noted improvements have been [noted] in the areas of increased self control, self-esteem, interpersonal relating skills, and self-expression. Residents have used dance/movement therapy to express issues they had not previously been able to verbalize. They have demonstrated the ability to focus and stay on task in the classroom, which has, in turn, affected their academic performance.

DATA:

Information has been accumulated on the basis of number of "time outs," "seclusions," ability to stay in the classroom, number of treatment goals met, and feedback from clinicians, teachers, and parents.